

AUTOPSY

DECEASED: STOUT III, DANIEL L

AUTOPSY #: A-19-79

AGE: 29 Year Old Caucasian Male

DATE OF BIRTH: 10/17/89

DATE OF DEATH: 6-11-19

DATE OF AUTOPSY: 6-12-19 @ 0940

SITE OF AUTOPSY: St. Francois County Missouri Morgue
Farmington MO

AUTHORIZATION: Eastern Reception Diagnostic and Correctional Center
Bonne Terre MO

GENERAL EXAMINATION:

The body is received in a green body bag, and clothed in a white t-shirt, which has been cut; off white boxer shorts; orange pants, which have been cut, and white sock and orange slipper on the right foot.

The body is that of a well developed, well nourished-appearing adult Caucasian male, 68 inches in length, and weighing approximately 150 pounds.

EXTERNAL EXAMINATION:

Rigor mortis is present in the extremities, jaw, and neck. Blanching livor mortis is present posteriorly. The deceased has black scalp hair measuring 3 to 3½ inches in length, along with a short mustache and goatee. There is also a short growth of facial hair. The eyes are closed. The conjunctivae are pale, and without petechiae. The corneae are clear, and the irides are brown. The ears, external auditory canals, and nose are unremarkable. The mouth is closed, and the teeth are natural,

The neck is without palpable masses, and the trachea is in the midline.

The chest is symmetrical, and without scars. On the upper chest is a tattoo of "Thoroughbred".

The abdomen is flat, and without palpable organomegaly, or scars.

The external genitalia are normal for an adult male, and the penis is circumcised.

The upper and lower extremities are symmetrical and well formed. The left arm shows a sleeve tattoo with designs, flowers, and a skull. There are scattered healing erosions on the right forearm, measuring up to 1 cm.. Similar erosions are around the right knee, and on the lateral right lower leg. On the lateral left lower leg is a tattoo of a Cardinal on a bat. On the right lateral lower leg is a tattoo of "Southside" and three skulls.

(CONTINUED)

Exhibit 1

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EVIDENCE OF MEDICAL THERAPY:

Defibrillator pads are on the mid chest and lateral left chest. An intra-osseous line is in the upper left shin.

INTERNAL EXAMINATION:

HEAD:

The scalp is incised and retracted. There are no scalp hemorrhages or skull fractures. The cranial vault is opened, and there is no epidural blood. The dura is gray-white, tough and pliable, and on opening, there is no subdural blood, and the cerebrospinal fluid is clear. The brain weighs 1400 grams. The cerebral hemispheres are symmetrical. On sectioning, there is no evidence of infection, tumor, or trauma. The dura is stripped from the basilar skull, and there are no basilar fractures.

BODY:

The body is opened with a Y-shaped incision, showing a mid-sternal fracture. The organs of the thoracic and abdominal cavities to occupy their usual anatomic positions. There is escape of free air from the abdomen upon incision. There is 150 ml of dark green liquid in the abdominal cavity. There is a slight green/yellow discoloration to the peritoneal wall.

There is significant scoliosis of the spine.

NECK:

There is no evidence of infection, tumor, or trauma. The airway is patent.

CARDIOVASCULAR SYSTEM:

The heart weighs 300 grams. The shape of the heart is normal, and the epicardial surface is smooth. The major epicardial coronary arteries are sectioned, and all are widely patent, and normal in distribution. The heart is sectioned, and the myocardium has a homogeneous tan-brown appearance. The cardiac valves are thin and delicate. The aorta and its major branches are unremarkable.

LUNGS:

The right lung weighs 560 grams, and the left lung weighs 460 grams. The pleural surfaces are glistening and pink-red. On sectioning, there is mild congestion. There are no foci of consolidation or tumor. No thromboemboli are seen.

(CONTINUED)

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INTERNAL EXAMINATION: (Continued)

GASTROINTESTINAL SYSTEM:

The esophagus, stomach, large bowel, and appendix are unremarkable. There is yellow exudate over the majority of the serosa of the small bowel. In the proximal third of the duodenum is a 2 cm. perforated erosion. The stomach contains minimal green liquid.

LIVER:

The liver weighs 1450 grams, and the capsular surface is smooth and tan- brown. On sectioning, the parenchyma is unremarkable.

SPLEEN:

The spleen weighs 130 grams, and the capsular surface is smooth and purple-blue. On sectioning, the parenchyma is unremarkable.

PANCREAS:

Unremarkable.

ADRENAL GLANDS:

Unremarkable.

GENITOURINARY SYSTEM:

The right kidney weighs 120 grams, and the left kidney weighs 130 grams. The capsules strip with ease, showing smooth cortical surfaces. On sectioning, the cortices are not thinned. The collecting system, ureters, and bladder are unremarkable. The bladder is empty.

(CONTINUED)

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MICROSCOPIC EXAMINATION:

BRAIN:

Sections of the brain do not show inflammation, neoplasia, or vasculitis. There are no meningeal inflammatory infiltrates. No acute ischemic change is seen.

HEART:

Sections of the heart do not show inflammatory infiltrates, or acute ischemic change. There is no significant fibrosis.

LUNGS:

The lungs are congested.

LIVER:

The liver is mildly congested.

KIDNEYS:

The kidneys are mildly congested.

SPLEEN:

The spleen is mildly congested.

PANCREAS:

Unremarkable.

DUODENUM:

Sections of the duodenum show ulceration, with full thickness necrosis. There are serosal inflammatory exudates. No tumor is seen.

PERITONEUM:

Sections of the peritoneal wall show thin neutrophilic infiltrates on the surface.

(CONTINUED)

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SUMMARY OF FINDINGS:

- I. Peritonitis, Due To Perforated Duodenal Ulcer
 - A. 2 cm. perforated duodenal ulcer in proximal third of duodenum.
 - B. 150 ml. of dark green liquid in abdominal cavity, with free air in abdomen.
 - C. Small bowel and peritoneal serosal inflammatory exudates.
 - D. Pulmonary congestion.
 - E. Acute passive congestion of the liver, spleen, and kidneys.
- II. Additional Findings
 - A. Fracture of mid-sternum, consistent with resuscitative efforts.
 - B. Negative toxicology.
 - C. No evidence of physical/sexual abuse/assault.
 - D. Scattered small healing erosion involving right forearm, right knee, and right lateral lower leg.

CONCLUSION:

In consideration of the circumstances surrounding the death, and after examination of the body, it is my opinion that Daniel Stout III, a 29 year old male, died as a result of peritonitis, due to a perforated duodenal ulcer.

MANNER OF DEATH: Natural



Russell D. Deidiker, M.D.
Pathologist
Mineral Area Pathology LLC
Farmington MO

Enclosure:

RDD/ds/lm
7-31-19



NMS Labs

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Robert A. Middleberg, PhD, F-ABFT, DABCC-TC, Laboratory Director

Toxicology Report

Report Issued 06/27/2019 16:14

To: 10699
 Mineral Area Pathology
 Attn: Russell Deidiker, MD
 P.O. Box 868
 Farmington, MO 63640

Patient Name STOUT, DANIEL
 Patient ID A19-79
 Chalm 19184270
 Age 29 Y DOB 10/17/1989
 Gender Male
 Workorder 19184270

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Positive Findings:

Compound	Result	Units	Matrix Source
Naloxone	Positive	ng/mL	001 - IVC (Inferior Vena Cava) Blood
Creatinine (Vitreous Fluid)	1.0	mg/dL	003 - Vitreous Fluid
Sodium (Vitreous Fluid)	141	mmol/L	003 - Vitreous Fluid
Potassium (Vitreous Fluid)	8.8	mmol/L	003 - Vitreous Fluid
Chloride (Vitreous Fluid)	114	mmol/L	003 - Vitreous Fluid
Glucose (Vitreous Fluid)	56.0	mg/dL	003 - Vitreous Fluid
Urea Nitrogen (Vitreous Fluid)	38	mg/dL	003 - Vitreous Fluid

See Detailed Findings section for additional information

Testing Requested:

Analysis Code	Description
1919FL	Electrolytes and Glucose Panel (Vitreous), Fluid (Forensic)
8052B	Postmortem, Expanded, Blood (Forensic)

Specimens Received:

ID	Tube/Container	Volume/ Mass	Collection Date/Time	Matrix Source	Miscellaneous Information
001	Gray Top Tube	9.5 mL	06/12/2019 10:10	IVC (Inferior Vena Cava) Blood	
002	Gray Top Tube	8.5 mL	06/12/2019 10:10	IVC (Inferior Vena Cava) Blood	
003	Red Top Tube	4.25 mL	06/12/2019 10:00	Vitreous Fluid	

All sample volumes/weights are approximations.

Specimens received on 06/21/2019.



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Workorder No. 1731 P 8
19184270
Chain 19184270
Patient ID A19-79

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Detailed Findings:

Analysis and Comments	Result	Units	Rpt. Limit	Specimen Source	Analysis By
Naloxone	Positive	ng/mL	1.0	001 - IVC (Inferior Vena Cava) Blood	LC/TOF-MS
Creatinine (Vitreous Fluid)	1.0	mg/dL	0.050	003 - Vitreous Fluid	Colorimetry
Sodium (Vitreous Fluid)	141	mmol/L	80	003 - Vitreous Fluid	Chemistry Analyzer
Potassium (Vitreous Fluid)	8.8	mmol/L	1.0	003 - Vitreous Fluid	Chemistry Analyzer
Chloride (Vitreous Fluid)	114	mmol/L	70	003 - Vitreous Fluid	Chemistry Analyzer
Glucose (Vitreous Fluid)	56.0	mg/dL	35	003 - Vitreous Fluid	Chemistry Analyzer
Urea Nitrogen (Vitreous Fluid)	38	mg/dL	3.0	003 - Vitreous Fluid	Chemistry Analyzer

Other than the above findings, examination of the specimen(s) submitted did not reveal any positive findings of toxicological significance by procedures outlined in the accompanying Analysis Summary.

Reference Comments:

1. Chloride (Vitreous Fluid) - Vitreous Fluid:

Normal: 105 - 135 mmol/L

2. Creatinine (Vitreous Fluid) - Vitreous Fluid:

Normal: 0.6 - 1.3 mg/dL

3. Glucose (Vitreous Fluid) - Vitreous Fluid:

Normal: <200 mg/dL

Postmortem vitreous glucose concentrations >200 mg/dL are associated with hyperglycemia.

Since postmortem vitreous glucose concentrations decline rapidly after death both in vivo and in vitro, care should be taken in the interpretation of results. Stability of vitreous glucose for up to 30 days has been noted by NMS Labs when specimens are maintained frozen (-20°C).

4. Naloxone (Narcan®) - IVC (Inferior Vena Cava) Blood:

Naloxone is a narcotic antagonist used to counter the central nervous system depression effects of opioids, including respiratory depression. It is also used for the diagnosis of suspected acute opioid over dosage. Naloxone is available as a 0.4 mg/mL solution of the hydrochloride for parenteral injection.

Naloxone is also available in combination with buprenorphine (Suboxone®) for the treatment of opioid dependence. This combination is available in tablets of 2 mg buprenorphine with 0.5 mg naloxone or 8 mg buprenorphine with 2 mg of naloxone for sublingual administration.

The reported qualitative result for this substance was based upon a single analysis only. If confirmation testing is required please contact the laboratory.

5. Potassium (Vitreous Fluid) - Vitreous Fluid:

Normal: <15 mmol/L

Quantitative results for Potassium will be affected if performed on gray top tubes since these collection tubes contain potassium oxalate.



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Reference Comments:**6. Sodium (Vitreous Fluid) - Vitreous Fluid:**

Normal: 135 - 150 mmol/L

Quantitative results for sodium will be affected if performed on gray top tubes since these collection tubes contain sodium fluoride.

7. Urea Nitrogen (Vitreous Fluid) - Vitreous Fluid:

Normal: 8 - 20 mg/dL

Unless alternate arrangements are made by you, the remainder of the submitted specimens will be discarded one (1) year from the date of this report; and generated data will be discarded five (5) years from the date the analyses were performed.

Workorder 19184270 was electronically signed on 06/27/2019 15:03 by:

A handwritten signature in black ink, appearing to read 'Erik Flall'.

Erik Flall, B.A.
 Certifying Scientist

Analysis Summary and Reporting Limits:

All of the following tests were performed for this case. For each test, the compounds listed were included in the scope. The Reporting Limit listed for each compound represents the lowest concentration of the compound that will be reported as being positive. If the compound is listed as None Detected, it is not present above the Reporting Limit. Please refer to the Positive Findings section of the report for those compounds that were identified as being present.

Acode 1919FL - Electrolytes and Glucose Panel (Vitreous), Fluid (Forensic) - Vitreous Fluid**-Analysis by Chemistry Analyzer for:**

<u>Compound</u>	<u>Rpt. Limit</u>	<u>Compound</u>	<u>Rpt. Limit</u>
Chloride (Vitreous Fluid)	70 mmol/L	Sodium (Vitreous Fluid)	80 mmol/L
Glucose (Vitreous Fluid)	35 mg/dL	Urea Nitrogen (Vitreous Fluid)	3.0 mg/dL
Potassium (Vitreous Fluid)	1.0 mmol/L		

-Analysis by Colorimetry (C) for:

<u>Compound</u>	<u>Rpt. Limit</u>	<u>Compound</u>	<u>Rpt. Limit</u>
Creatinine (Vitreous Fluid)	0.050 mg/dL		

Acode 8052B - Postmortem, Expanded, Blood (Forensic) - IVC (Inferior Vena Cava) Blood**-Analysis by Enzyme-Linked Immunosorbent Assay (ELISA) for:**

<u>Compound</u>	<u>Rpt. Limit</u>	<u>Compound</u>	<u>Rpt. Limit</u>
Barbiturates	0.040 mcg/mL	Gabapentin	5.0 mcg/mL
Cannabinoids	10 ng/mL	Salicylates	120 mcg/mL

-Analysis by Headspace Gas Chromatography (GC) for:

<u>Compound</u>	<u>Rpt. Limit</u>	<u>Compound</u>	<u>Rpt. Limit</u>
Acetone	5.0 mg/dL	Isopropanol	5.0 mg/dL
Ethanol	10 mg/dL	Methanol	5.0 mg/dL



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Analysis Summary and Reporting Limits:

-Analysis by High Performance Liquid Chromatography/Time of Flight-Mass Spectrometry (LC/TOF-MS) for: The following is a general list of compound classes included in this screen. The detection of any specific analyte is concentration-dependent. Note, not all known analytes in each specified compound class are included. Some specific analytes outside these classes are also included. For a detailed list of all analytes and reporting limits, please contact NMS Labs.
Amphetamines, Anticonvulsants, Antidepressants, Antihistamines, Antipsychotic Agents, Benzodiazepines, CNS Stimulants, Cocaine and Metabolites, Hallucinogens, Hypnotics, Hypoglycemics, Muscle Relaxants, Non-Steroidal Anti-Inflammatory Agents, Opiates and Opioids.